ARIZONA STATE BOARD OF HEALTH State File No	
BUREAU OF VITAL STATISTICS Registered No.	
1. PLACE OF BIRTH STANDARD CERTIFICATE OF BIRTH.	
County Vila State Wighta	
District or Township	
Mary St. Ward	
(If birth offurred in a nospital or institution, give its white institution of the part wet named, make	
2. Full name of child the Spar supplemental report, as directed.	
3. Sex of Child To be answered ONLY 4. Twin, triplet or other	er
Male births. 5. No., in order of birth	yls of birth Day Year
8. FATHER	14. MOTHER
Full name Patan Slap	Full maiden name Pauline (problem
Victor April	15. Residence Mami.
9. Residence (Usual place of abode)	(Usual place of abode)
If non-resident, give place and state. Mywa.	If non-resident, give place and state. Maona.
10. Color or race	16. Color or race
Canc. 11. Age at last birthday 35 (Years	17. Age at last birthday. X J. (Years)
O + l	18. Birthplace (city or place). Clifton
M	(State or country) arisona.
(State or country)	
13. Occupation	19. Occupation
Nature of Industry () ()	Nature of industry
20. Number of children of this mother. (a) Born slive and now living 21. Were precautions taken against oph-	
(20. Number of children of this mother	but now dead 2 thalmia neonatorum?
certified and including this child.) (c) Stillborn.	
CERTIFICATE OF ATTEMPTING PHYSICIAN OR MIDWIFE* D. on the date above stated.	
I hereby certify that I attended the birth of this tillid, who was (Born, alive or stillhorn.)	
*When there was no attending physician or midwife, then the father, householder, Signature Out M. Signature	
etc., should make this return. A stillborn	
shows other evidence of the after birth.	Mill (Physician or midwife).
Given name added from a supplemental report. Most der voor	
Month, day, year Filed Jan 20, 19 9 le. 6- Comme	
Registrar	
3 2 9 - 12 - 67 - 73 /	
507-1-1	

 \mathbf{C}

of the state of th